

**APPLICATION FOR FUNDS OR DEFICIT SPENDING AUTHORIZATION
FROM THE
INTERIM EMERGENCY BOARD**

Department or Agency: _____

Section or Division: _____

Amount Requested: _____

The undersigned agrees that evidence of an obligation to expend the funds will be submitted to the IEB within sixty (60) days of written notification of legislative ratification of the funds appropriated by the IEB or the appropriation of these funds will not be consummated.

Signature of Department/Agency Head

Telephone Number

Typed name and title (person signing the application above)

Mail Address (P. O. Box or Street, City and Zip Code)

Area Legislator Signature (if necessary)

Education Management Board Head Signature (if necessary)

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1. For what purpose will these funds be used? Why is this requested appropriation an emergency?
When was the (possible) shortage of funds realized?

2. Previous Legislative Consideration:

A. Was this program or project considered by the Legislature in the same relative form either by amendment or some legislative instrument? Yes ☐ No ☐

If considered, please explain:

B. Was this item vetoed by the Governor after being included in the current year:

Appropriations Bill: Yes ☐ No ☐

Capital Outlay Bill: Yes ☐ No ☐

If vetoed, please explain the reason:

3. Can this request be covered or partially covered by existing funds in the department or agency's current budget: Yes ☐ No ☐

Please explain:

4. Will this emergency appropriation require any future recurring appropriations or any possible generation of savings or revenue? If so, please explain: (Use additional sheet to continue the explanation if necessary.)

5. Expenditure Breakdown--Please provide a detailed breakdown of expenditures by category . If based on a cost estimate, please attach a copy. What is the time period covered by the request (number of months). Attach any other pertinent information.

This original application and two copies with attachments (if any) must be submitted to the Board Secretary ((225)763-3516 or (225)342-0349) in Room B-153 at the state capitol or mailed to:

Interim Emergency Board
Post Office Box 44500
Baton Rouge, LA 70804-4500